

AUGUST 2010

HOCKEY SKILLS PROGRAM FOR TYKE, MINOR NOVICE & NOVICE PLAYERS

This program is designed to give the players the opportunity to learn the fundamentals of hockey in a structured and fun atmosphere. It is our hope that this program will enhance all the children's enjoyment and appreciation of the game, and make the hockey experience richer and more rewarding for all the children.

The program will be operated by Ben Muchnik. A child will first learn the fundamental skating skills needed as a base in order to further develop hockey skills. With a solid level of skating, hockey skills can be further developed at a faster and more efficient pace. The drills and practices will vary throughout the session as the players' progress in their skills and abilities. All participants MUST wear full hockey equipment. Parents will be asked to provide a waiver to Ben Muchnik and ARHA providing releases related to the program.

The Hockey Skills Fall Session will be 9 weeks and run at Baycrest Arena every Sunday from October 17 to December 12 , 2010. The cost for the Hockey Skills program is \$220. These fees are NOT covered by your registration fees to the League.

There will be one class, with a maximum of 30 children in the class. Class time: 10:00 – 11:15 a.m.

Enrollment is on a first come, first serve basis. To register your child for Hockey Skills, you must already be enrolled for League play in the Avenue Road Hockey Association.

NOTE: SELECT PLAYERS ARE NOT ELIGIBLE FOR THIS PROGRAM. (players signed up for the program who make the Select Team will receive a full refund).

PLEASE REMEMBER – THIS PROGRAM IS FOR 2001, 2002, 2003 & 2004 HOUSE LEAGUE PLAYERS ONLY!

QUESTIONS: [registrar@avenueroadhockey.on.ca](mailto:registrar@avenueroadhockey.on.ca)

HOCKEY SKILLS PROGRAM APPLICATION & RELEASE FORM

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: (home) \_\_\_\_\_

(cell) \_\_\_\_\_

Email: \_\_\_\_\_

PLEASE MAIL CHEQUE ALONG WITH THE SIGNED ACKNOWLEDGMENT TO:

AVENUE ROAD HOCKEY ASSOCIATION

P.O. BOX 40055, 373 MARLEE AVENUE

TORONTO, ONTARIO

M6B 4K4

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

I consent to my child participating in the Hockey Skills Program, and assume all risks that are incidental to such participation. I therefore agree to waive, indemnify and hold harmless Ben Muchnik and ARHA, instructors and staff and their employees, agents, servants and assigns. I certify that my child is in good physical and mental health and any exceptions have been noted by me with this Application.

In case of surgical emergency and I cannot be reached, I hereby give my permission to the physician selected by ARHA to hospitalize, secure proper treatment for, and to order injections, transfusions, anesthesia, or surgery for my child, as named on the Application.

The Applicant acknowledges and agrees that Ben Muchnik and ARHA, instructors and staff reserve the sole and exclusive right to use any photographs or videos taken during the program for advertising and/or instructional purposes, without cost or charge to the foregoing and the Applicant consents to photographs or videos being taken for the purposes contained herein.

I acknowledge reading this Application and Declaration and understand the conditions contained herein and agree on behalf of the participant and for myself to abide by all the terms.

Date:           -----/-----/-----  
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SIGNATURE OF APPLICANT'S PARENT/GUARDIAN

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PRINTED NAME OF APPLICANT'S PARENT/GUARDIAN